APR 9 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10837

Township ..... Primary Registration District No. 1003 Registered No. 3411

City St Louis (No. 3500 Pine St. Peoples Hospital St. 11 Ward)

2. FULL NAME Carl (Eural) Phillips.

(a) Residence, No. 300 Canal St., NR Ward. Brooklyn Ill
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dortho Phillips.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 29-1905

7. AGE: YEARS 31 | MONTHS 2 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sand Blaster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Steel Co.
10. Date deceased last worked at this occupation (month and year) March 1937
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monroe Louisiana

FATHER

13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Dortha Phillips 1528 Broadway E St Louis Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE East St Louis Ill DATE March 29, 1937

19. UNDERTAKER (ADDRESS): J L Marshall East St Louis Ill

20. FILED MAR 29 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1937, to Mar. 24, 1937

I last saw him alive on Mar 24, 1937. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Mar. 15

Other contributory causes of importance: None

Name of operation ✓ Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 19....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) D Earl Williams M.D.

(Address) Lovejoy Ill

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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